

Attachment 3

Office of Administration

Commissioner's Office

Reimbursement Request for Other Services

Program: Alternatives to Abortion

Contractor: Laclede County Pregnancy Support Center

Subcontractor: _____

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

Client Name [REDACTED] Date Enrolled 11-09-2015

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
3-17-17	Fix struts & axle shaft gaskets	748.40	[REDACTED] needs her car for work, doctors appointments and her daughter's school activities. There is no local funding available.
	Replace both fuel pumps	1030.60	
Amt to be reimbursed		1856.94	

Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only.

Authorized person requesting purchase: Abigail Chison
 Purchase is Approved ☒ Denied ☐ A2A Signature Emily Kraft Date 3/21/17
 Reason for denying purchase: _____

700 *

7019 700 / 11 00 00

pregnancy center

701 00:71 0000/107/07/0000

525 S. Washington
P.O. Box 373
Lebanon, MO 65536

Pregnancy Support Center

Fax Transmittal Form

To: OA

FROM

Attn: Emily Kraft

Abigail Chisom, Assistant Director

Phone number:

Phone number: 417-532-8555

Fax number: 573-751-1212

Fax number: 417-532-8152

Email: Abigail@psc-lebanon.org

Date sent: 3/20/2017

Time sent: 3:45 pm

Number of pages including cover page: 2

Message:

Emily, I appreciate your concern concerning the expediency of fixing [REDACTED] car. I had her get this quote from the dealer as they are usually a little my cooperative. The dealer (who gave this estimate) says the first repair shop never should have replaced just one fuel pump as it has caused a line to collapse. I can have her go back to the first repair shop and talk to them. We would be happy to get the struts and axle gaskets fixed.

Thanks,
Abigail Chisom

P. UU1

FAX NO. 417 532 8152

Pregnancy Center

MARK/20/2017/MON 12:00 PM

F. UU4

FAA NO. 417 032 0122

Pregnancy Center

RAK/13/2017 WED 06:32 AM

STATE OF MISSOURI
CERTIFICATE OF TITLE
ORIGINAL

34

OWNER: [REDACTED]

DATE OF SALE: 09/30/2016
DATE ISSUED: 10/12/2016

VEHICLE SUBJECT TO FOLLOWING LIEN(S)

FIRST LIEN: [REDACTED] LIEN DATE: [REDACTED]

SECOND LIEN: [REDACTED] LIEN DATE: [REDACTED]

BUYER ON REVERSE SIDE MUST TITLE IN 30 DAYS TO AVOID PENALTY

EXEMPT FROM MILEAGE REQUIREMENTS
EFFECTIVE 1/1/06 YOU MUST SUBMIT A NOTICE OF SALE
TO THE DEPARTMENT OF REVENUE WITHIN 30 DAYS OF
SELLING THIS VEHICLE

ACTING DIRECTOR OF REVENUE

ANY ALTERATION OR ERASURE VOIDS THIS TITLE

MUST BE COMPLETED AT TIME OF SALE NOTICE OF SALE OR TRANSFER SEE INSTRUCTIONS ON REVERSE

PURCHASER NAME - LAST, FIRST (REQUIRED) (PRINTED)			PURCHASER SIGNATURE (REQUIRED)	
ADDRESS (REQUIRED)			DRIVER LICENSE NUMBER OF PURCHASER	DATE OF BIRTH OF PURCHASER
CITY (REQUIRED)			SALE DATE (REQUIRED)	
STATE (REQ.)	ZIP CODE (REQUIRED)	COUNTY	NET PRICE (REQUIRED)	
K0V	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	TITLE NUMBER
SELLER NAME AND SIGNATURE (REQUIRED)			DEALER NUMBER	

SELLER MUST SUBMIT TO DEPARTMENT OF REVENUE. SEE REVERSE SIDE.

DOR-5040A (06/2015)

**RAM***Graven*

Chrysler - Dodge - Jeep - Ram

P.O. Box 549 • 1755 West Elm • Lebanon, MO 65536

CHRYSLER**DODGE****Jeep®**

Phone: (417) 532-3157

Fax: (417) 532-3568

F. 003

2010 720 411 030 0102

Pregnancy Center

MAR/13/2017 WED 00:37 AM

[REDACTED]				DATE IN 03/10/17
[REDACTED]				DATE IN :
[REDACTED]				CLOSED
[REDACTED]				NAME LEVI

- (1) FUEL CLICKS OFF WHEN FILLING
NEEDS BOTH FUEL PUMPS REPLACED

Labor	57	387.60
5101805AC (MODULE) 1		289.00
68028056AB (MODULE) 1		354.00
Total Labor		387.60
Total Parts		643.00
Total Repair (Customer)		1030.60

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- (2) CREEKING NOISE AND THUMP NOISE WHEN BRAKES
ARE APPLIED,
NEEDS STRUTS REPLACED AND AXLE SHAFT GASKETS
INSTALLED

Labor	50	340.00
4809863AB (GASKET) 2		8.40
182130L (STRUT) 2		400.00
Total Labor		340.00
Total Parts		408.40
Total Repair (Customer)		748.40

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Quote

03/10/2017 4:10 PM

Quote is valid for 90 days.

DISCLAIMER OF WARRANTIES
Any warranty on the product sold hereby and those made by the manufacturer. The seller hereby expressly disclaims all warranties other expressed or implied, including any implied warranty of merchantability of fitness for a particular purpose, and neither assumes nor authorizes any person to assume for it any liability in connection with the sale of said products. Any limitation contained herein does not apply to a responsible party list.

X

CUSTOMER SIGNATURE

Page 1 of 2

Service Quote

W/C	INT.	CUSTOMER
.00	.00	Labor 727.60
.00	.00	Parts 1051.40
.00	.00	Sublet .00
.00	.00	Shp Supplies .00
.00	.00	Oil/Grease .00
.00	.00	Sub Total 1779.00
.00	.00	Tax 77.94
.00	.00	Total 1856.94

044-888-0100